

CONFIDENTIAL HEALTH INFORMATION

WELCOME! I WANT TO MAKE YOUR APPOINTMENT AS PLEASANT AND COMFORTABLE AS POSSIBLE. IF YOU HAVE ANY QUESTIONS PLEASE ASK.

Name: _____ Home #: _____

Cell: _____ Work #: _____ e-mail: _____

Address: _____ City: _____ Postal Code: _____

Occupation: _____ Hobbies or outside work: _____

Type of Exercise or Physical Activities: _____

Date of birth: _____ Referred by: _____ When was your last massage? _____

Reason for massage: _____

Are you taking medication? _____ Describe: _____

Do you take supplements? _____ Describe: _____

Are you sensitive to touch anywhere? _____ Are you pregnant? _____ # wks? _____ General health? _____

Any serious illness? _____ Injuries? _____ Surgery? _____

Allergies? _____ If yes, to what? _____

Do you wear contacts? _____ Do you smoke? _____ Are you sensitive to essential oils? _____

What would you like to change about your health? _____

Name of insurance company _____ Name physician: _____

Do you see a chiropractor? _____ Frequency _____ Physiotherapist? _____ Other? _____

Do you have a history of the following? (check all which has occurred in the past)

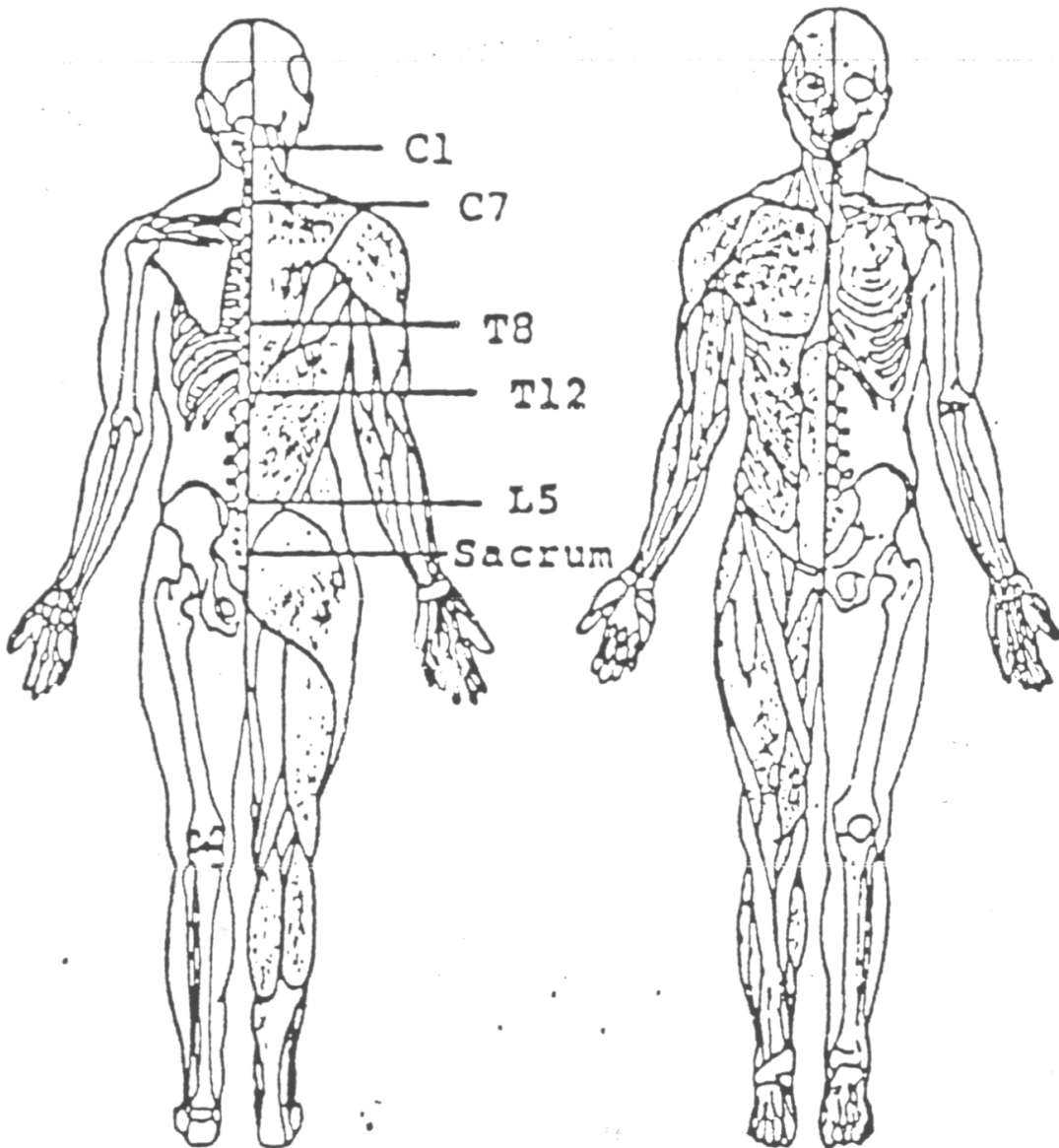
accident	back pain	colon disease	pain down arms	diabetes
neck pain	sciatica	varicose veins	pain down legs	hypoglycemia
whip lash	disc problems	broken bones	abdominal pain	fibromyalgia
falls	joint ache	sprains	seizures	celiac
Headache/migraine	arthritis	cancer	HIV	high cholesterol
sinus problems	Stroke/ heart attack	decreased range of motion	repetitive strain injury	high blood pressure

Do you have any of the following today? If so, check off below.

poison ivy/oak	open cuts	cold or flu	stress	poor sleep
inflammation	bruises	cold sore	skin disorder	constipation
severe pain	burns	lice	toe nail fungus	diarrhea
headache	irritated skin rash	indigestion	depression	bursitis/tendonitis

Other: _____

PLEASE INDICATE THE PLACES
YOU ARE FEELING DISCOMFORT



I understand that this massage service is an aid to health, but doesn't not take the place of any medical care my doctor has recommended. I have given correct information on my health and am not aware of any reasons for not having a massage.

Date: _____ Signature: _____